

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. John McFarland  
2000 Pepperell Parkway  
Opelika, AL 36801

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brenda Fouchman* JFCI ☐ Agent  
B. Received by (Printed Name) *Brenda Fouchman* In Addressee  
C. Date of Delivery *2/18/05*

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below: USPS

3:04CU480

C40

(40)

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7005 1820 0002 3461 1680

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540